Medi-Cal Provider Enrollment Top Reasons Provider Enrollment Applications are Denied

The top reasons Medi-Cal Provider Enrollment application packages are denied:

1. Incorrect or outdated application forms:

Title 22, California Code of Regulations (CCR), Section 51000.30, requires applicants to use the correct and current application for their provider type. The Provider Enrollment page on the Medi-Cal Web site houses the most recent versions of the applications and any new requirements or processes necessary to use them. **Before applying, please check the Web site to ensure that you have the most current version of the application forms.** There is also a chart on the Provider Enrollment page showing which application forms should be used by a specific provider type. The Department typically revises applications through the authority granted by Welfare and Institutions (W&I) Code, Section 14043.75.

2. Applicant fails to respond timely:

W&I Code, Section 14043.26(e)(2)(A), indicates that if an applicant does not resubmit an application package that was noticed as incomplete **within 35 days**, the application package shall be denied by operation of law.

3. Failure to remediate discrepancies:

W&I Code, Section 14043.26(f)(2)(A), indicates that a deficiency letter for an incomplete application shall identify the discrepancies or failures and whether remediation can be made or not, and if so, the time period within which remediation must be accomplished. Failure to remediate discrepancies and failures as prescribed by the Department, or notification that remediation is not available, shall result in denial of the application by operation of law.

4. Fraud and abuse:

W&I Code, Section 14043.37, indicates that the Department may complete a background check on applicants for the purpose of verifying the accuracy of the information to the Department for the purposes of enrolling in the Medi-Cal program and in order to prevent fraud or abuse. The background check may include, but is not limited to, the following:

- Onsite inspection prior to enrollment.
- Review of business records.
- Data searches.

5. No established place of business:

W&I Code, Section 14043.26(d)(4)(D), and Title 22, CCR Section 51000.60 indicate that failure to have an established place of business at the business address for which the application was submitted at the time of any additional inspection or review conducted pursuant to any statute or regulation governing the Medi-Cal program, shall warrant denial of the application. Applicants must comply with established place of business requirements unless the practice of the provider's profession or delivery of services, goods, supplies or merchandise are rendered or delivered at locations other than those listed on the application and this practice or delivery has been disclosed in the application package and approved by the Department.

6. Failure to Disclose:

W&I Code, Section 14043.2(a), indicates that failure to disclose the required information, or the disclosure of false information, shall result in denial of the application for enrollment or make the provider subject to temporary suspension from the Medi-Cal program, which shall include temporary deactivation of all provider numbers used by the provider to obtain reimbursement from the Medi-Cal program.

7. Provider does not hold the required license:

W&I Code, Section 14043.26(d)(4)(B), indicates that an application package is denied when an applicant lacks a license necessary to perform the health care services or to provide goods supplies or merchandise directly or indirectly to a Medi-Cal recipient, within the applicable provider of service category or subgroup of that category.